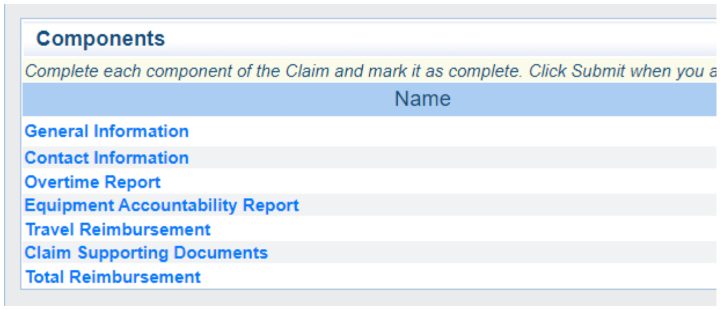
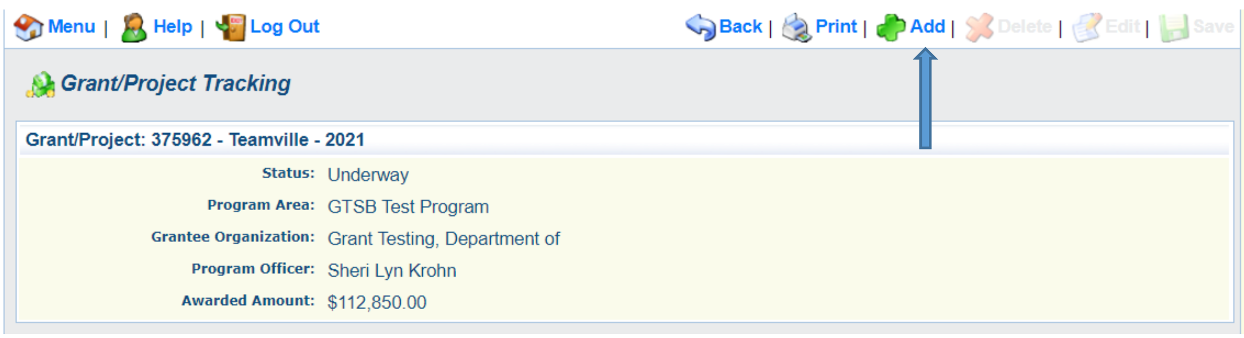
How to submit a **NON-sTEP REIMBURSEMENT CLAIM** in Iowa Grants

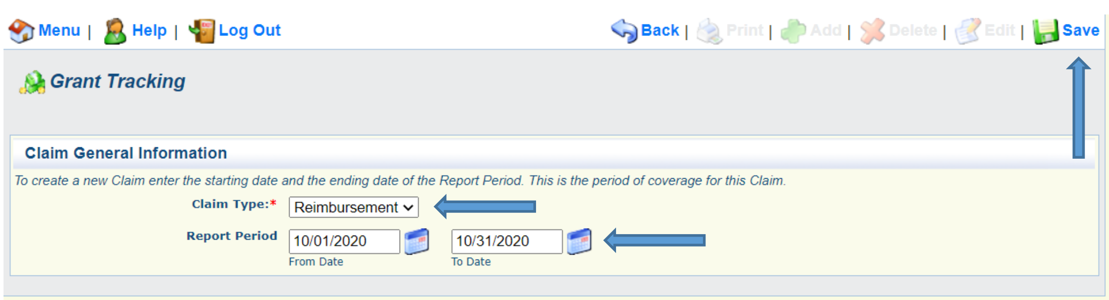
You will be required to complete ALL sections of this online form even if your reimbursement claim is ONLY for equipment or ONLY for overtime, etc.




- Go to [www.iowagrants.gov](http://www.iowagrants.gov) and log in
- Click on **My Grants** and then select grant for current fiscal year
- Click on **Claims**
- Click on **Add** at the top of the page

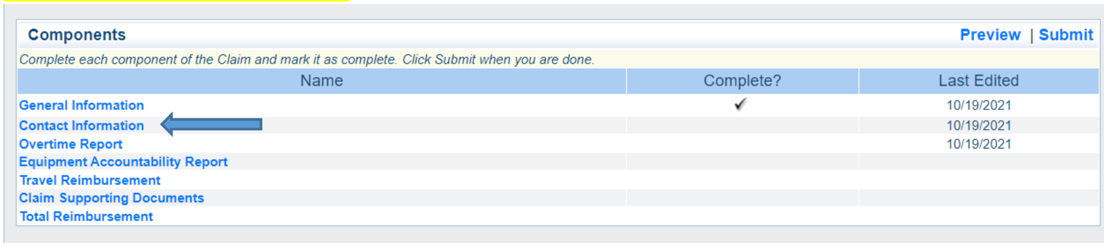



- Select **Reimbursement** from the Claim Type drop down menu
- Click on the calendar icon to enter your **Report Period** start and end dates
- Click **Save** in upper right corner



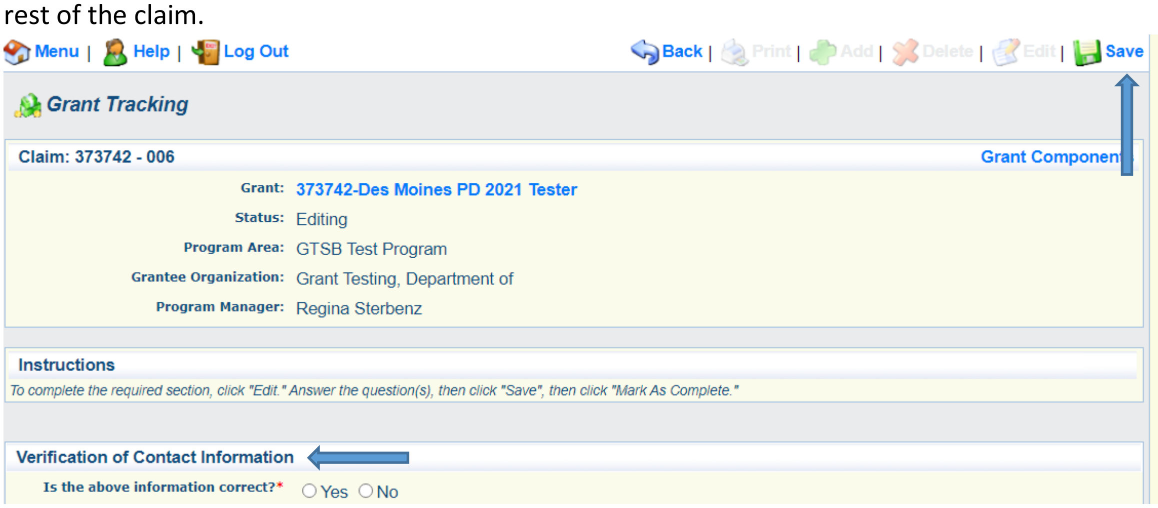

- Click **Return to Components**

- Click on **Contact Information** in the Components section




- Verify that the information listed is current and click **Edit** in the upper right hand corner


- Answer the **Verification of Contact Information** question. If you answer Yes, click on **Save** in upper right hand corner.
- If something is incorrect and you answer the verification question No, a text box will appear for you to enter in the correct information, along with a note that you need to contact your Program Administrator about the changes.
- Enter your changes and then click on **Save** in the upper right hand corner and proceed with the rest of the claim.



- Click **Mark as Complete**

**Instructions**

***Please review the Contractor Information, Key Personnel Information, Additional Key Personnel Information and Payment Information listed below for accuracy.***

*To complete the required section, click "Edit." Answer the question(s), then click "Save", then click "Mark As Complete."*

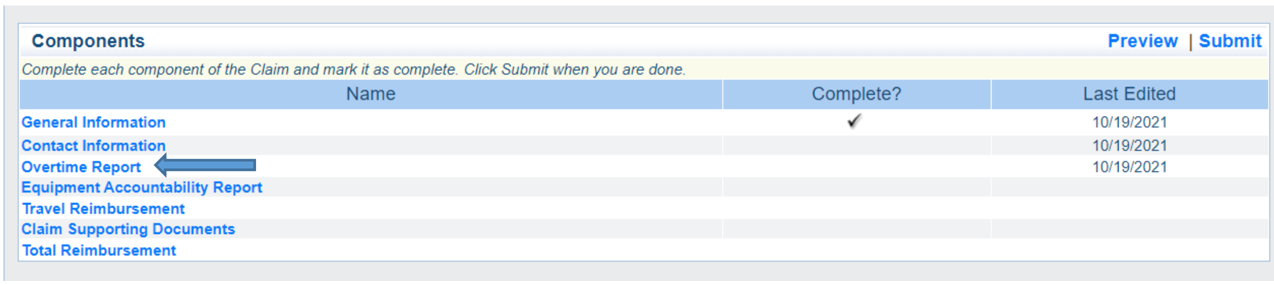
**Contractor Information** — Mark as Complete | Go to Claim Forms

**Project Contractor Information**

*Type the name of the agency exactly as it will appear in your contract. Do not use all caps or all lower case.*
*Please enter the contractor information. Example: Anytown Police Department*

| | | | |
|---|---|---|---|
| **Project Contractor Name (Agency or Company)** | Carlisle Police Department | | |
| **Mailing Address** | 815 Patterson Drive | | |
| **City** | Carlisle | Iowa | 50047 |

- Click on **Overtime Report** in the Components section

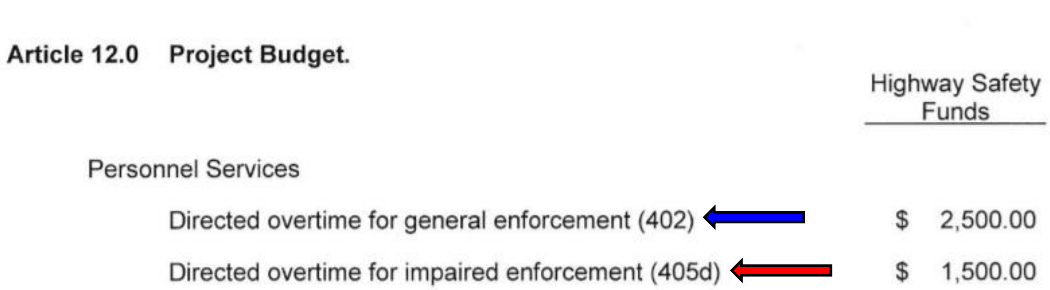


**Components** — Preview | Submit

*Complete each component of the Claim and mark it as complete. Click Submit when you are done.*

| Name | Complete? | Last Edited |
|---|---|---|
| General Information | ✓ | 10/19/2021 |
| Contact Information | | 10/19/2021 |
| Overtime Report | | 10/19/2021 |
| Equipment Accountability Report | | |
| Travel Reimbursement | | |
| Claim Supporting Documents | | |
| Total Reimbursement | | |

- Read the **Instructions** box, then click **Edit** to answer the Overtime reimbursement question yes or no
- If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Equipment Accountability Report** in the table and skip to Equipment Accountability Report Instructions below
- If answer is **YES**, click **Save** in upper right corner.
- Before you begin this portion of the claim, reference Article 12.0 in your Contract located on the last page. Your contract can be found in Iowa Grants under Program Documents. Some contracts have ONLY **402 (focus on speed, occupant protection and impaired)** dollars, some contracts have ONLY **405d (focus on impaired)** dollars and some contracts have some of BOTH **402** and **405d** dollars. The example budget below is an agency that has been awarded some of BOTH.



**Article 12.0 Project Budget.**

| | Highway Safety Funds |
|---|---|
| Personnel Services | |
| Directed overtime for general enforcement (402) | $ 2,500.00 |
| Directed overtime for impaired enforcement (405d) | $ 1,500.00 |

- If you only have **402** dollars in your contract, you will enter all of your overtime shifts into the **Overtime for General Enforcement (focus on speed, occupant protection and impaired)** box.

**Overtime for General Enforcement (402)**

*Reimbursement monies for this section are for overtime worked with an emphasis on general enforcement; which includes speed and seatbelt enforcement. For sTEP contracts, this is for the November and July waves.*

| Name | Last Name | Date of Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB General Enforcement** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Were citations/written warnings issued during this overtime shift? |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | 0.00 | | | | |

- If you only have **405d** dollars in your contract, you will enter all of your overtime shifts into the **Overtime for Impaired Driving Enforcement (focus on impaired)** box.

**Overtime for Impaired Driving Enforcement (405d)**

*Reimbursement monies for this section are for overtime worked with an emphasis on impaired driving enforcement. For sTEP contracts, this is for the December, April and August/September waves.*

| Name | Last Name | Date of Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB Impaired Driving Enforcement** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Were citations/written warnings issued during this overtime shift? |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | 0.00 | | | | |

- If you have BOTH 402 and 405d dollars in your contract, you may be entering overtime shifts into both the **402** and the **405d** overtime boxes.

- Another potentially useful resources at this point would be the completed officer/deputy shift log of contacts from GTSB overtime shifts (IF the agency utilizes these. It is not required and some agencies have created their own, which is fine, you just may want to add the emphasis check boxes to the top of your custom form). The newest GTSB version is in Iowa Grants under Program Documents. This form allows officers/deputies to check a box indicating what their shift intent is. The checked box(s) will determine which overtime box you need to enter the shift into: EXAMPLE - If Occupant Protection and/or Speed are marked on the log form – that shift automatically gets entered into the **402 (General Enforcement)** overtime box. **405d (Impaired Enforcement)** monies cannot be spent on reimbursement of a shift that focuses on anything other than impaired driving. It is all about the officer/deputy's shift intention – what they set out to go do when they begin their GTSB overtime shift.

Name:_______________________________________ Date:_________________________

Shift Start Time:______________________ Shift End Time:__________________

**OVERTIME ENFORCEMENT EMPHASIS:** ☐ **IMPAIRED** ☐ **OCCUPANT PROTECTION** ☐ **SPEED**

| **IMPAIRED DRIVING** | |
|---|---|
| OWI Arrests – Alcohol | |
| OWI Tested, but No Arrest made | |
| OWI Arrests – Drugs | |
| DRE Call Outs | |
| OWI Drug Tested, but No Arrest made | |

- You will notice an overtime box for Occupant Protection Enforcement (405b funds). **DO NOT** enter any of your overtime shifts into this box. This overtime type is only for designated sTEP agencies to utilize.

**Overtime for Occupant Protection Enforcement (405b)** Add

*Reimbursement monies for this section are for overtime worked with an emphasis on occupant protection enforcement. This section is for sTEP contracts only and will be used for the May/June wave.*

| Name | Last Name | Date of Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB Seatbelt Enforcement** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Were citations/written warnings issued during this overtime shift? | Hourly Rate of Pay | Seatbelt Enforcement Reimbursement |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 0.00 | | | | | | $0.00 |

- When you are ready to begin entering shift(s), click **Add** in the upper right hand corner of the respective OT box.

**Overtime Report**

Is this claim requesting reimbursement for overtime?* Yes

**Overtime for General Enforcement (402)** Add

*Reimbursement monies for this section are for overtime worked with an emphasis on general enforcement; which includes speed and seatbelt enforcement. For sTEP contracts, this is for the November and July waves.*

| Name | Last Name | Date of Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB General Enforcement** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Were citations/written warnings issued during this overtime shift? | Hourly Rate of Pay | General Enforcement Reimbursement | Program Administrator Approval | Finance Manager Approval |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 0.00 | | | | | | $0.00 | | |

**Overtime for Impaired Driving Enforcement (405d)** Add

*Reimbursement monies for this section are for overtime worked with an emphasis on impaired driving enforcement. For sTEP contracts, this is for the December, April and August/September waves.*

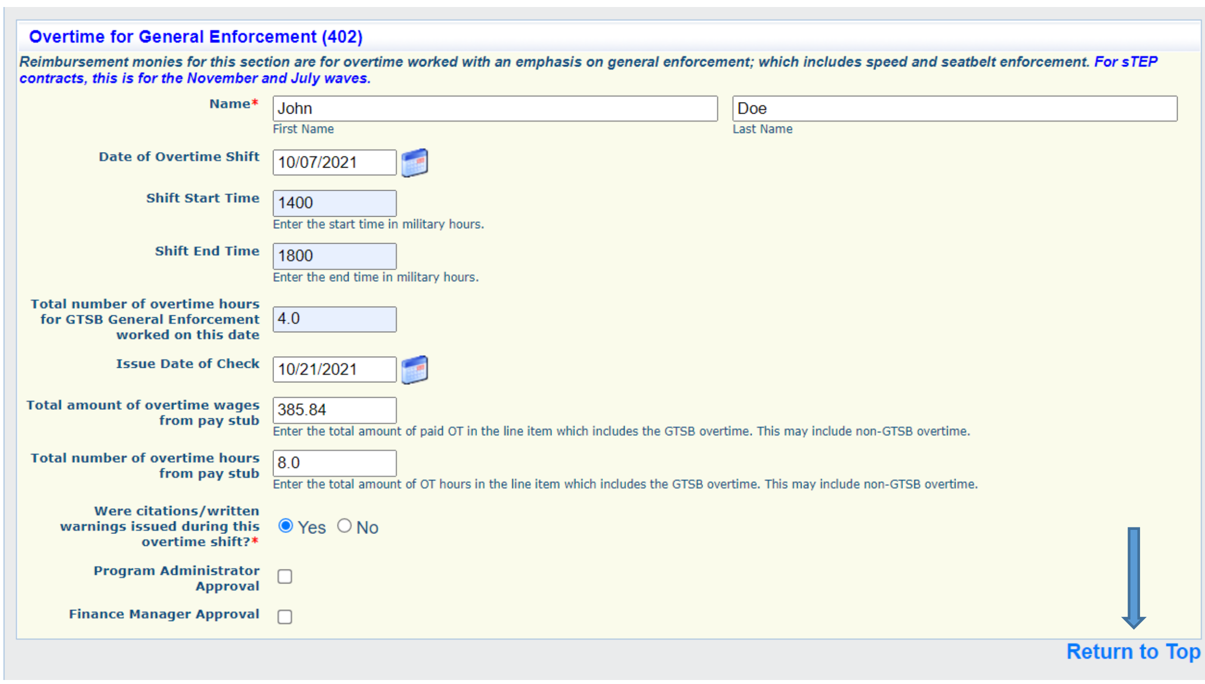
| Name | Last Name | Date of Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB Impaired Driving Enforcement** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Were citations/written warnings issued during this overtime shift? | Hourly Rate of Pay | Impaired Driving Enforcement Reimbursement | Program Administrator Approval | Finance Manager Approval |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 0.00 | | | | | | $0.00 | | |

- Complete each field.

- Clarification on Total Amount of Overtime Wages and Total Number of Overtime Hours from pay stub:

  Some agency pay stubs have all of their overtime grouped together, no matter if it was OT for the agency, GTSB, etc. If this is your agency situation, make sure to enter the total number of hours off the paystub. EX: The total number of overtime hours on the paystub is 15.5 hours, but you know only 8 of those hours were for GTSB OT. It does not matter – enter 15.5 into the box. The 8 hours goes into the field labeled Total number of overtime hours for GTSB worked on this date. The form has built in formulas and it will do all necessary calculations.

  Other agencies have GTSB OT listed on its own line on the pay stub and separated out from any other OT type. If this is your agency situation, enter the totals from JUST the GTSB line and do not add together any other OT types to come up with totals.


**Overtime for General Enforcement (402)**

*Reimbursement monies for this section are for overtime worked with an emphasis on general enforcement; which includes speed and seatbelt enforcement. For sTEP contracts, this is for the November and July waves.*

| | |
|---|---|
| Name* | John (First Name) / Doe (Last Name) |
| Date of Overtime Shift | 10/07/2021 |
| Shift Start Time | 1400 — Enter the start time in military hours. |
| Shift End Time | 1800 — Enter the end time in military hours. |
| Total number of overtime hours for GTSB General Enforcement worked on this date | 4.0 |
| Issue Date of Check | 10/21/2021 |
| Total amount of overtime wages from pay stub | 385.84 — Enter the total amount of paid OT in the line item which includes the GTSB overtime. This may include non-GTSB overtime. |
| Total number of overtime hours from pay stub | 8.0 — Enter the total amount of OT hours in the line item which includes the GTSB overtime. This may include non-GTSB overtime. |
| Were citations/written warnings issued during this overtime shift?* | Yes / No |
| Program Administrator Approval | |
| Finance Manager Approval | |

Return to Top

In the example above, John Does' agency groups all overtime pay into one line item. You can see above that his GTSB OT shift was only four hours long, however, in the field for Total number of overtime hours from pay stub, he worked a TOTAL of 8 overtime hours in the pay period, but only four of which were on GTSB time. By entering the information in this fashion, you are no longer responsible for calculating the overtime rate of pay, rounding, etc. – the form will do it for you.

When you are finished with your first entry, click **Return to Top** and then click **Save** in the upper right corner. John Doe's shift that was just entered should now appear in the electronic OT spreadsheet (see below – note rate of pay was automatically calculated based on what you entered).

**Overtime for General Enforcement (402)** Add

*Reimbursement monies for this section are for overtime worked with an emphasis on general enforcement; which includes speed and seatbelt enforcement. For sTEP contracts, this is for the November and July waves.*

| Name | Last Name | Date of Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB General Enforcement** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Were citations/written warnings issued during this overtime shift? | Hourly Rate of Pay | General Enforcement Reimbursement | Program Administrator Approval | Finance Manager Approval |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| John | Doe | 10/07/2021 | 1400 | 1800 | 4.0 | 10/21/2021 | $385.84 | 8.0 | Yes | $48.23 | $192.92 | | |
| | | | | | **4.00** | | | | | | **$192.92** | | |

To input additional OT shifts, click on **Add** in the corresponding OT type box and repeat the steps above, making sure to click **Save** after each shift entry. Complete this process for each OT category (402 and/or 405d) in which shifts were worked. If there were not any shifts worked in a particular category, you do not need to do anything (ex – do NOT click add and then enter zeros).

When you are finished entering in all enforcement overtime shifts for all categories, make sure to:

1. Write down your reimbursement totals for each section in which you entered OT shifts, you will need these later when completing the Total Reimbursement section of your claim.
2. If you need to edit any of your saved entries, simply click on the **blue** portion of the officer/deputy name and their shift entry will pop up in a separate window in order for you to make changes. After you have made changes, make sure to click **Return to Top** and then click **Save**.

**Officer Data** Create New Version | Mark as Complete | Go to Claim Forms

| | | |
|---|---|---|
| **Number of Hours in a Regular Shift** | 8<br>Standard number of hours worked/FT regular shift | 8<br>Standard number of hours worked/PT regular shift |

**Overtime Report**

| | |
|---|---|
| **Is this claim requesting reimbursement for overtime?*** | Yes |

**Overtime for General Enforcement (402)** Add

*Reimbursement monies for this section are for overtime worked with an emphasis on general enforcement; which includes speed and seatbelt enforcement. For sTEP contracts, this is for the November and July waves.*

| Name | Last Name | Date of Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB General Enforcement** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Were citations/written warnings issued during this overtime shift? | Hourly Rate of Pay | General Enforcement Reimbursement | Program Administrator Approval | Finance Manager Approval |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| John | Doe | 10/07/2021 | 1400 | 1800 | 4.0 | 10/21/2021 | $385.84 | 8.0 | Yes | $48.23 | $192.92 | | |
| Snow | White | 10/10/2021 | 0700 | 1100 | 4.0 | 10/21/2021 | $204.36 | 4.0 | No | $51.09 | $204.36 | | |
| | | | | | **8.00** | | | | | | **$397.28** | | |

**Overtime for Impaired Driving Enforcement (405d)** Add

*Reimbursement monies for this section are for overtime worked with an emphasis on impaired driving enforcement. For sTEP contracts, this is for the December, April and August/September waves.*

| Name | Last Name | Date of Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB Impaired Driving Enforcement** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Were citations/written warnings issued during this overtime shift? | Hourly Rate of Pay | Impaired Driving Enforcement Reimbursement | Program Administrator Approval | Finance Manager Approval |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mickey | Mouse | 10/10/2021 | 1800 | 2300 | 5.0 | 10/21/2021 | $744.15 | 15.0 | Yes | $49.61 | $248.05 | | |
| | | | | | **5.00** | | | | | | **$248.05** | | |

3. When you are all finished entering shifts, click **Mark as Complete**
4. Set your paystubs aside. You will upload them later in the process.

- Complete the same steps above to enter any Educational Presentation overtime shifts

**Overtime for Educational Presentation(s) (402 or 405d)** Add

*Overtime for **Educational Presentation(s)** is reimbursed for education provided to the general public and the key messages must be related to traffic safety. This may include but is not limited to a Driver's Education class, a group of senior drivers or members of a civic club. If the agency is a 405d contract focusing on impaired driving, the education must focus on impaired driving topics.*

*To begin entering GTSB overtime shifts, click **"Add"** for a new line and click **"Save"** when finished. Repeat until all shifts have been entered.*

*TIP: If an officer/deputy worked more than one GTSB OT shift in a given pay period, it may be easier to enter each of those shifts using the same pay stub prior to moving on to the next person.*

| Name | Last Name | Date Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB Educational Presentation(s)** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Hourly Rate of Pay | Educational Presentation(s) Reimbursement |
|---|---|---|---|---|---|---|---|---|---|---|
| Peter | Pan | 10/22/2020 | 1900 | 2000 | 1.0 | 11/05/2020 | $304.46 | 6.5 | $46.84 | $46.84 |
| Daisy | Duck | 10/22/2020 | 1900 | 2000 | 1.0 | 11/05/2020 | $39.20 | 1.0 | $39.20 | $39.20 |
| | | | | | **2.00** | | | | | **$86.04** |

- The box for Overtime for Special Projects will ONLY be used if your agency has a separate Speed, Pedestrian or Night Time Seat Belt contract, and you worked a Special Project (awarded agencies – make sure you are in your Special Project contract in Iowa Grants when you enter shifts in this box). This box is NOT to be used to enter Targeted Traffic Enforcement project shifts. If you have any questions, please ask your Program Administrator.

**Overtime for Special Projects** Add

***Reimbursement monies for this section are for overtime worked with an specific contract; such as nighttime seatbelt, pedestrian and speed.***

| Name | Last Name | Date of Overtime Shift | Shift Start Time | Shift End Time | Total number of overtime hours for **GTSB Special Enforcement** worked on this date | Issue Date of Check | Total amount of overtime wages from pay stub | Total number of overtime hours from pay stub | Were citations/written warnings issued during this overtime shift? | Hourly Rate of Pay | Special Project(s) Reimbursement | Program Administrator Approval | Finance Manager Approval |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | **0.00** | | | | | | **$0.00** | | |

- If you'd like to add any comments, click **Edit** at the top of the page, scroll down to the comment box and click **Save** in the upper right hand corner when you are finished.

- Click on **Equipment Accountability Report** in the Components section

**Components** Preview | Submit

*Complete each component of the Claim and mark it as complete. Click Submit when you are done.*

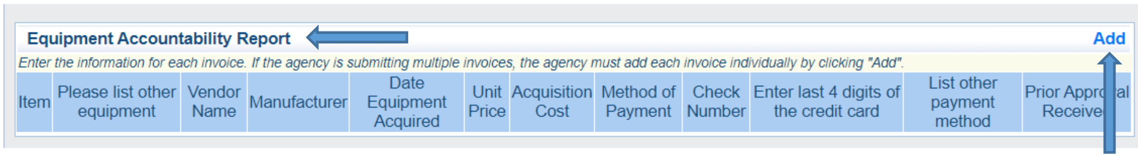
| Name | Complete? | Last Edited |
|---|---|---|
| General Information | ✓ | 10/19/2021 |
| Contact Information | | 10/19/2021 |
| Overtime Report | | 10/19/2021 |
| Equipment Accountability Report | | |
| Travel Reimbursement | | |
| Claim Supporting Documents | | |
| Total Reimbursement | | |

- Read the **Instructions** box, then click **Edit** to answer the equipment question yes or no

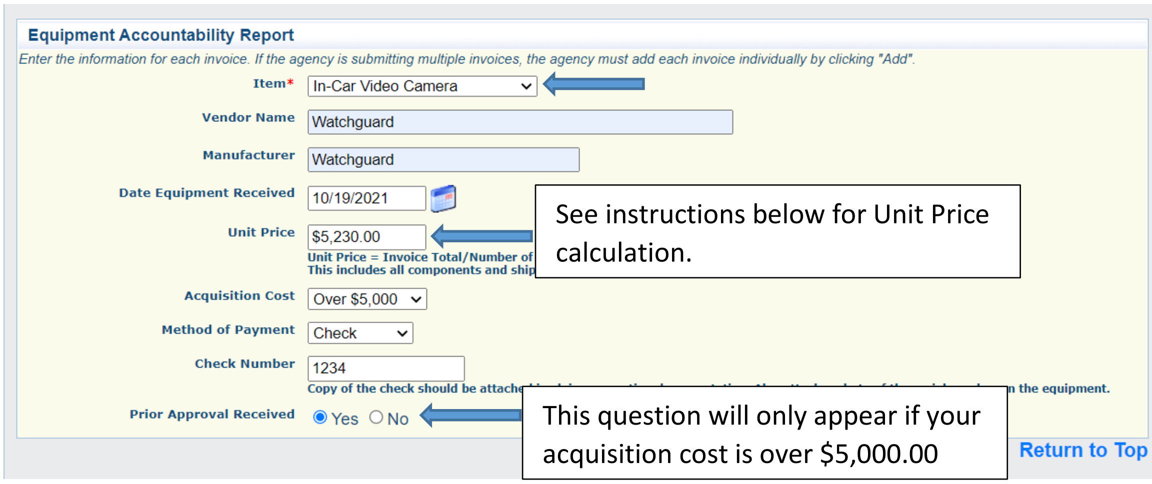
  If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Travel Reimbursement** in the table and skip to Travel Reimbursement Instructions below

  If answer is **YES**, click **Save** in the upper right corner.

In the Equipment Accountability Report box, click **Add** to enter your equipment information



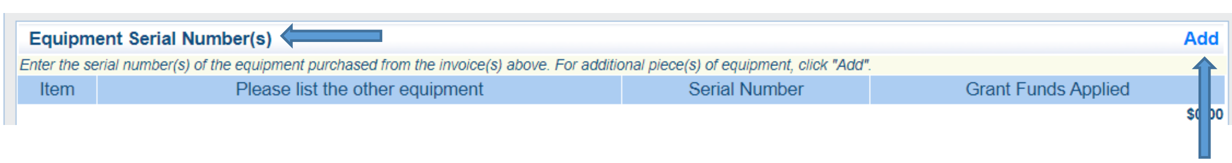

Select your equipment item from the drop down menu and continue to complete each of the remaining fields.




**Unit Price** = When calculating this number, divide your TOTAL invoice cost by the number of pieces of equipment that you ordered (this includes shipping and any additional components to the main unit if applicable). For example, if your invoice total is $5,230.00 for 1 camera, $5,230.00 divided by 1 = $5,230.00 – this is what gets entered into the unit price field.

Once you've answered all of the questions, click **Save** in the upper right hand corner.

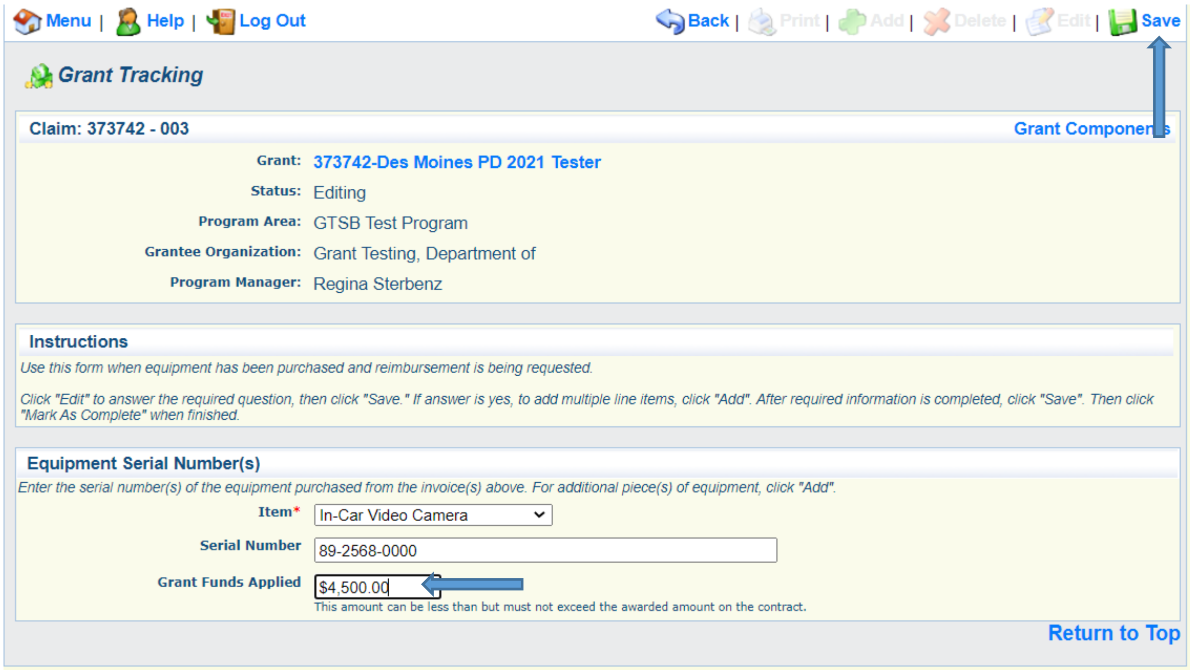
Next, click on **Add** in the upper right hand corner of the Equipment Serial Number(s) box




Select your equipment items from the drop down menu and continue to complete each of the remaining fields

**Grant Funds Applied** = When entering this number, note that the grant funds applied cannot exceed the amount you were awarded in your contract. In the screen shot above, the camera's unit price was $5,230.00. HOWEVER, I cannot enter that same amount into my grant funds applied, because I was only awarded $4,500.00 towards the purchase of my camera.

At the other end of the spectrum, let's consider a purchase of PBTs. Pretend my calculated unit price was $385.00 per PBT. I was awarded $450.00 <u>PER</u> PBT. When I complete the Grant Funds Applied box for my PBT's I will ONLY enter $385.00, NOT $450.00.



Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save

**Grant Tracking**

**Claim: 373742 - 003** Grant Components

| | |
|---|---|
| **Grant:** | 373742-Des Moines PD 2021 Tester |
| **Status:** | Editing |
| **Program Area:** | GTSB Test Program |
| **Grantee Organization:** | Grant Testing, Department of |
| **Program Manager:** | Regina Sterbenz |

**Instructions**

*Use this form when equipment has been purchased and reimbursement is being requested.*

*Click "Edit" to answer the required question, then click "Save." If answer is yes, to add multiple line items, click "Add". After required information is completed, click "Save". Then click "Mark As Complete" when finished.*

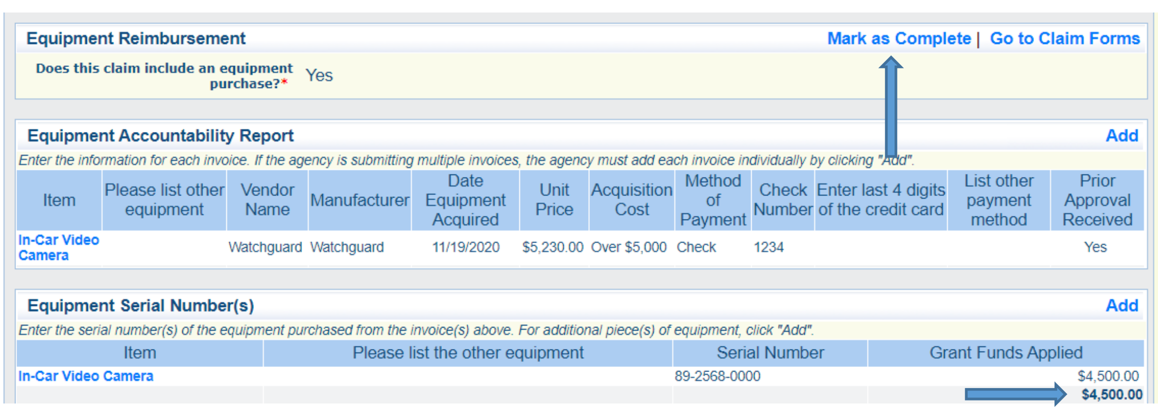
**Equipment Serial Number(s)**

*Enter the serial number(s) of the equipment purchased from the invoice(s) above. For additional piece(s) of equipment, click "Add".*

| | |
|---|---|
| **Item*** | In-Car Video Camera |
| **Serial Number** | 89-2568-0000 |
| **Grant Funds Applied** | $4,500.00<br>This amount can be less than but must not exceed the awarded amount on the contract. |

Return to Top

- When you are finished, click **Save**. If you have additional equipment on a separate invoice that you are claiming, repeat the steps above starting with clicking **Add** in the Equipment Accountability Report box above.
- When you are finished entering all pieces of equipment, write down your equipment reimbursement total from the Grant Funds Applied column.
- Click **Mark as Complete**



**Equipment Reimbursement** Mark as Complete | Go to Claim Forms

**Does this claim include an equipment purchase?*** Yes

**Equipment Accountability Report** Add

*Enter the information for each invoice. If the agency is submitting multiple invoices, the agency must add each invoice individually by clicking "Add".*

| Item | Please list other equipment | Vendor Name | Manufacturer | Date Equipment Acquired | Unit Price | Acquisition Cost | Method of Payment | Check Number | Enter last 4 digits of the credit card | List other payment method | Prior Approval Received |
|---|---|---|---|---|---|---|---|---|---|---|---|
| In-Car Video Camera | | Watchguard | Watchguard | 11/19/2020 | $5,230.00 | Over $5,000 | Check | 1234 | | | Yes |

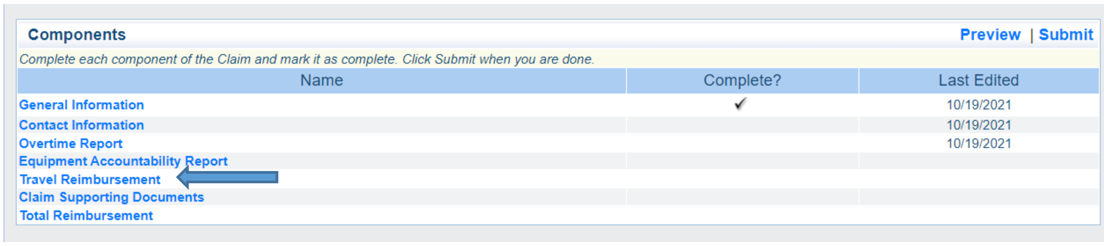
**Equipment Serial Number(s)** Add

*Enter the serial number(s) of the equipment purchased from the invoice(s) above. For additional piece(s) of equipment, click "Add".*

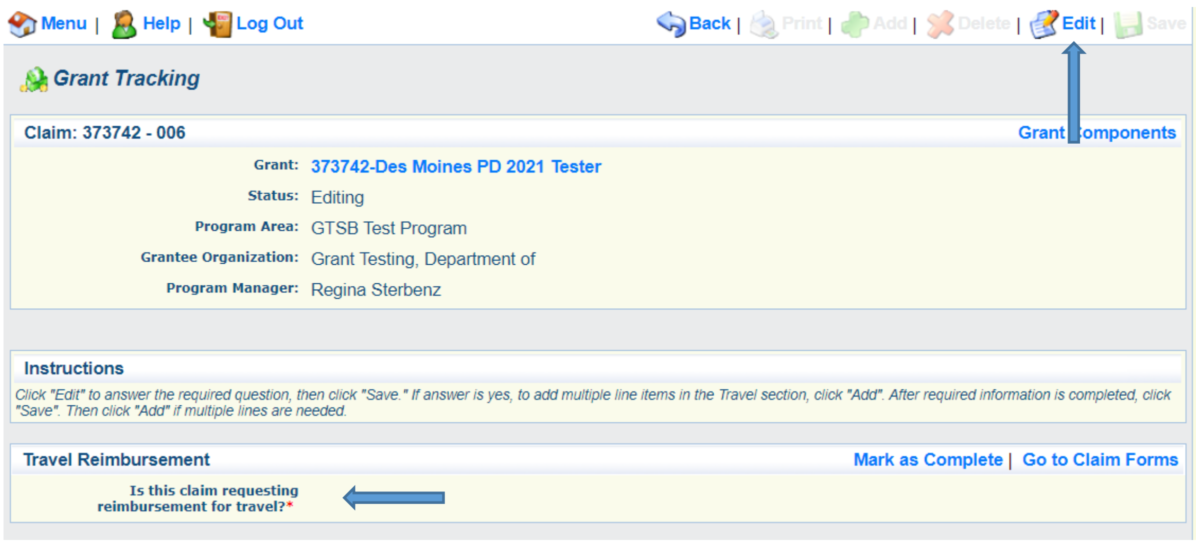
| Item | Please list the other equipment | Serial Number | Grant Funds Applied |
|---|---|---|---|
| In-Car Video Camera | | 89-2568-0000 | $4,500.00 |
| | | | **$4,500.00** |

- Set your required documentation aside (invoice, proof of payment and pictures of equipment with serial numbers). You will upload them later in the process.

- Click on **Travel Reimbursement** in the Components section

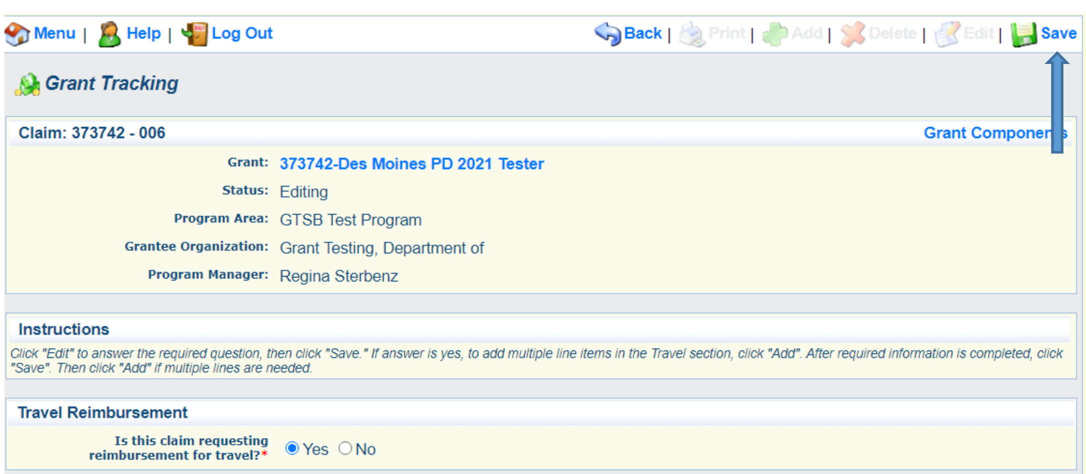



- Read the **Instructions** box, then click **Edit** to answer the travel reimbursement question yes or no

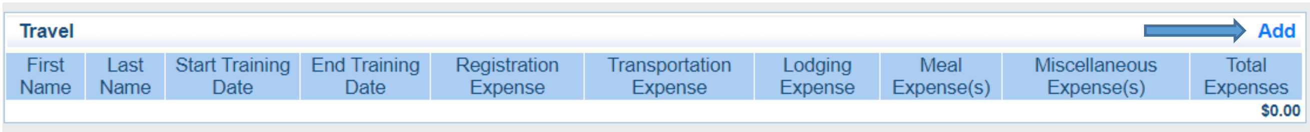



- If answer is **NO**, click **Save** in upper right corner and then click **Mark as Complete**. Then click on **Claim Supporting Documents** in the table and skip to Claim Supporting Documents instructions below.

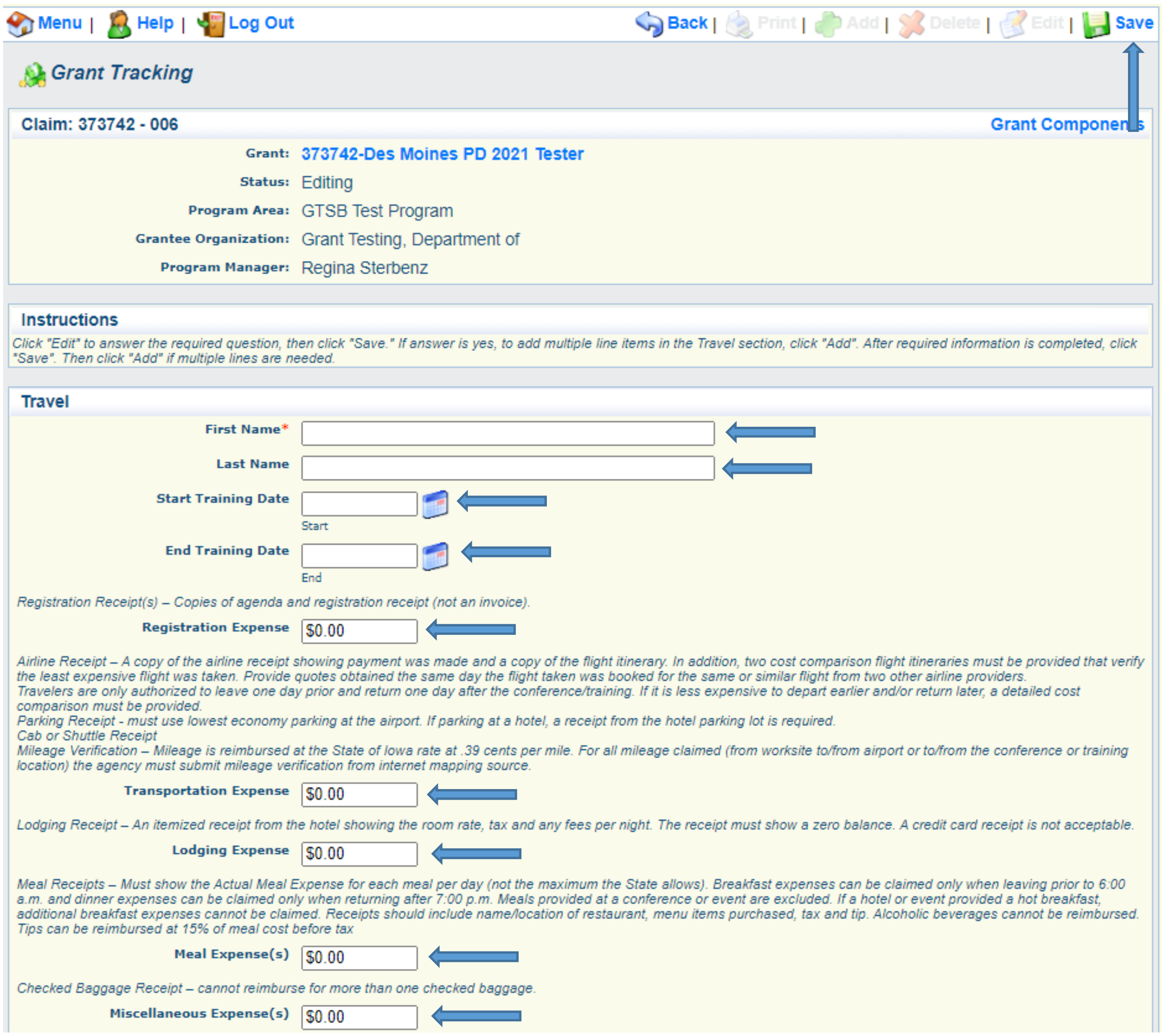
- If answer is **YES**, click **Save** in the upper right corner



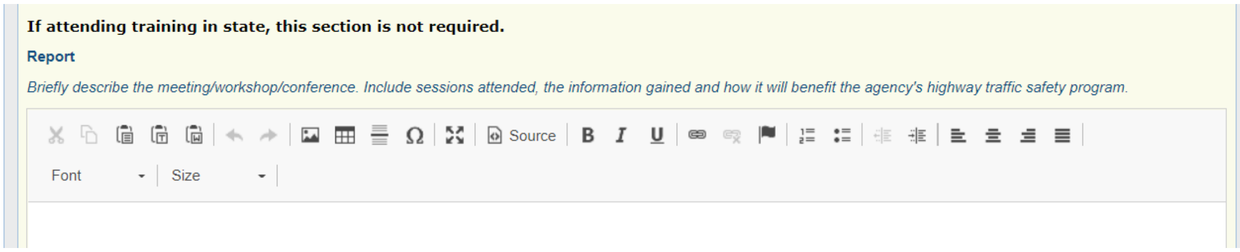
- Click **Add**




- Enter the traveler name, dates of training and all travel expenses requested




- If the travel was OUT of state, you will also need to submit a Travel Report. The text box is located at the bottom of the traveler entry form. When you are finished typing, scroll to the top and click **Save**.



**If attending training in state, this section is not required.**

Report

*Briefly describe the meeting/workshop/conference. Include sessions attended, the information gained and how it will benefit the agency's highway traffic safety program.*



- Repeat steps above in order to get multiple travelers entered.

- When you are finished typing your report, click **Save,** write down your travel reimbursement total and then click **Mark As Complete**.

- If the travel was IN state, you do NOT need to submit a travel report. Write down your travel reimbursement total and click on **Mark As Complete** once you've entered all travelers and their expenses.

**Travel Reimbursement** — Create New Version | Mark as Complete | Go to Claim Forms

Is this claim requesting reimbursement for travel?* Yes

**Travel** — Add

| First Name | Last Name | Start Training Date | End Training Date | Registration Expense | Transportation Expense | Lodging Expense | Meal Expense(s) | Miscellaneous Expense(s) | Total Expenses |
|---|---|---|---|---|---|---|---|---|---|
| Cruella | DeVil | 10/26/2020 | 10/29/2020 | $250.00 | $375.00 | $700.00 | $85.23 | $0.00 | $1,410.23 |
| Old | McDonald | 10/26/2020 | 10/29/2020 | $250.00 | $375.00 | $700.00 | $62.36 | $0.00 | $1,387.36 |
| | | | | | | | | | $2,797.59 |

**Travel Report - (Out of State Only)**

*If attending training in state, this section is not required.*

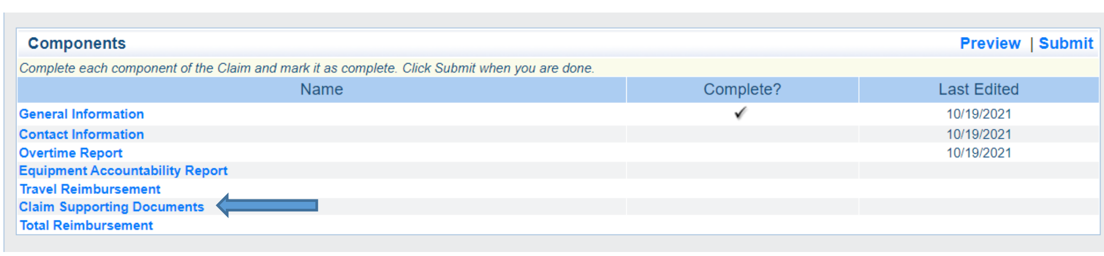
Report

*Briefly describe the meeting/workshop/conference. Include sessions attended, the information gained and how it will benefit your highway traffic safety program.*

I attended Lifesavers in Hawaii. I primarily attended sessions that had an occupant restraint and impaired (both drug and alcohol) focus. The speakers were amazing and I am very much reengergized after attending. Many of the sessions provided great take aways that I feel will be easy for me to take back to my community for implementation.

Set your required documentation aside (registration receipt, itemized meal receipts, lodging receipt, etc.). You will upload them later in the process.

- Click on **Claim Supporting Documents** in the Components section



**Components** — Preview | Submit

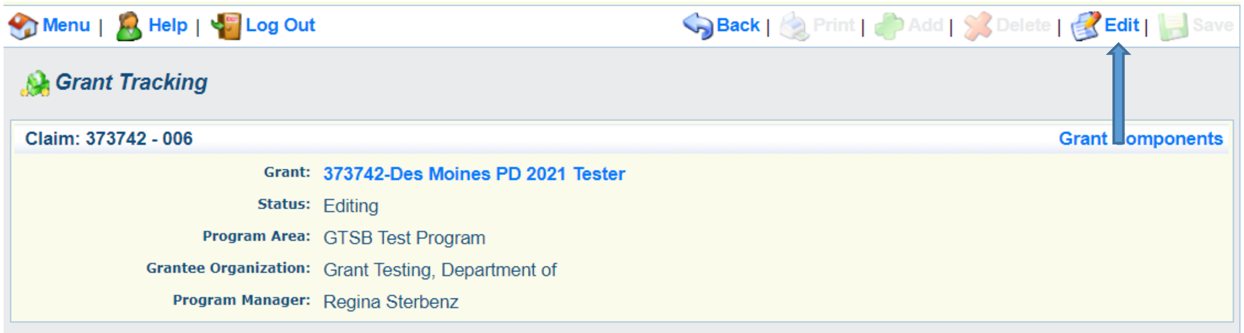
*Complete each component of the Claim and mark it as complete. Click Submit when you are done.*

| Name | Complete? | Last Edited |
|---|---|---|
| General Information | ✓ | 10/19/2021 |
| Contact Information | | 10/19/2021 |
| Overtime Report | | 10/19/2021 |
| Equipment Accountability Report | | |
| Travel Reimbursement | | |
| Claim Supporting Documents | | |
| Total Reimbursement | | |

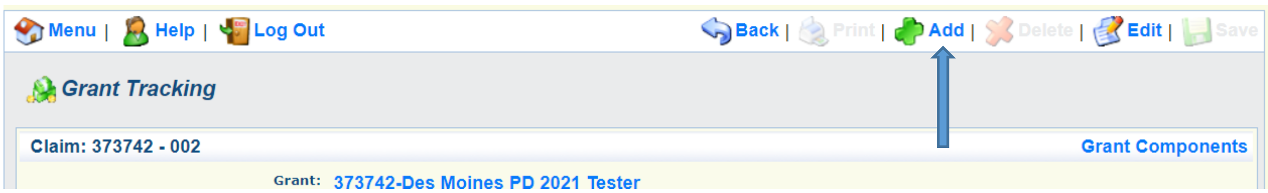
- Reference the Instructions box to make sure you provide the required documentation for all categories in which you are claiming reimbursement: Overtime, Equipment and Travel.

- Scan ALL of your supporting documentation and save it as ONE file.

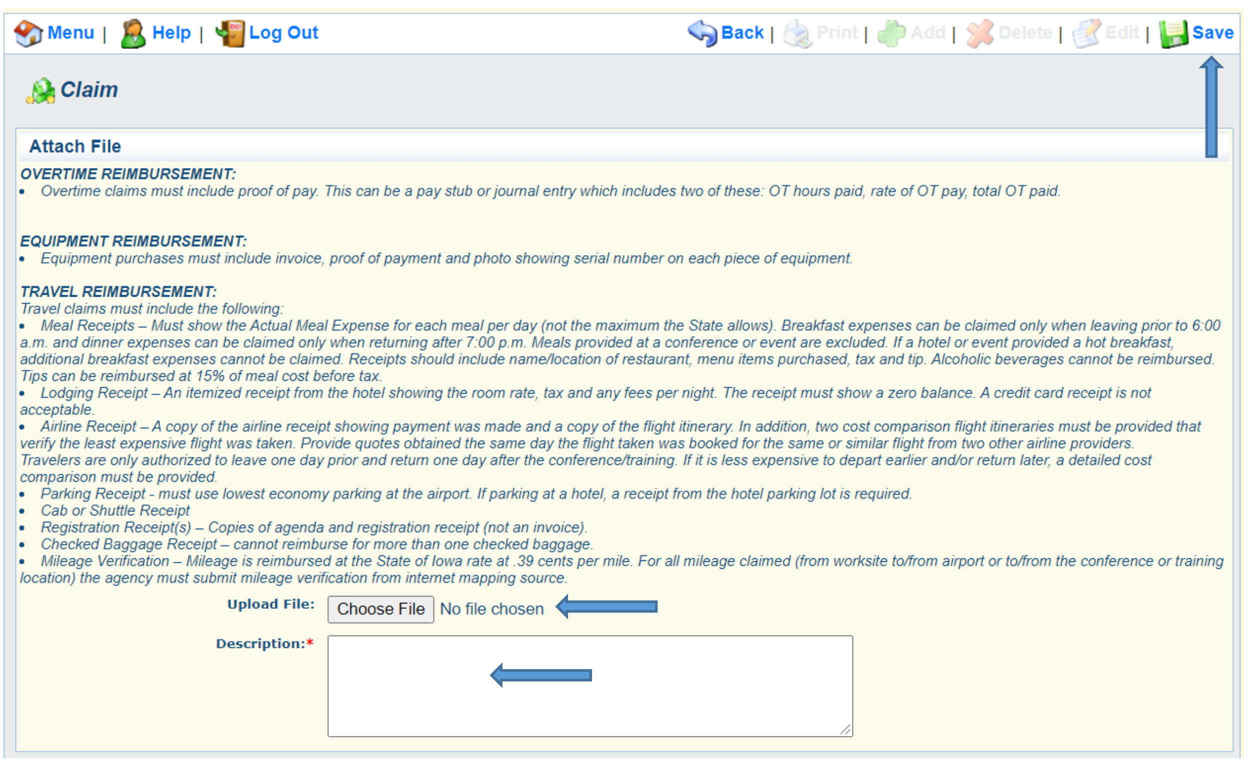
- Click **Edit** at the top of the page




- Click **Add** at the top of the page




- Now a button named “Choose File” should appear at the bottom of the page

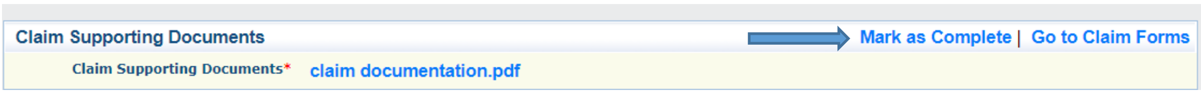



- Click on **Choose File**, locate your scanned file of all of your documentation and double click on it. Your file should now appear next to the Choose File button.

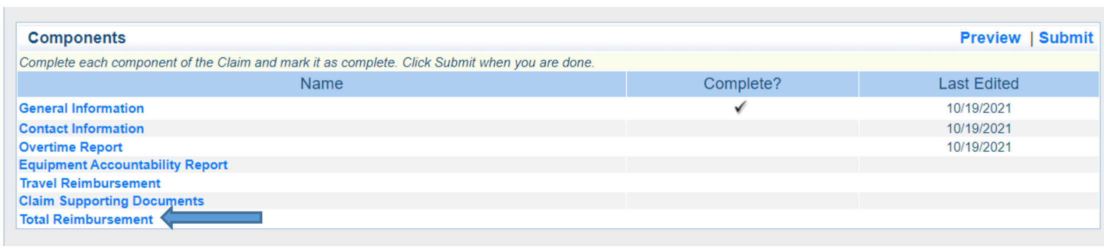
- In the **Description Text Box**, type "(Insert Claim Month) Claim Documentation"

- Click **Save** in the upper right hand corner at the top of the page.

- Click **Mark as Complete**




- Click on **Total Reimbursement** in the Components section




- This is where you will reference your category totals that you wrote down as you worked through your claim. Enter each total into its respective box in column 2 titled **Expenses This Period**.

**THE TOTAL YOU ENTER INTO COLUMN 2 FOR A GIVEN CATEGORY CANNOT EXCEED THE AMOUNT YOU WERE AWARDED (SEE COLUMN 1 – APPROVED BUDGET). LIKEWISE, IF THE TOTAL IS LESS THAN THE AMOUNT YOU WERE AWARDED, THE MAXIMUM REIMBURSEMENT AMOUNT IS THE TOTAL ALLOWABLE AMOUNT PAID BY THE AGENCY FOR THAT LINE ITEM.**

For example, the camera purchased in the equipment section of these instructions actually cost $5,230.00. However, when the total reimbursement amount for the camera gets entered into column 2, only $4,500.00 is entered because that is the maximum amount in which the agency was awarded for the camera.

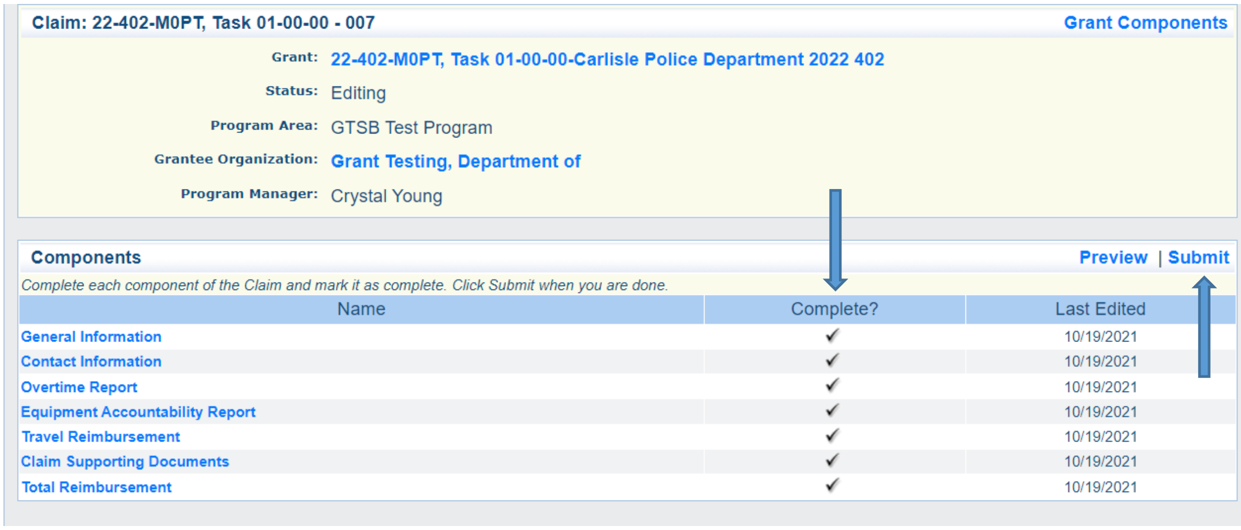
This same concept applies to all line items in your budget.

- Click on **Save** when you are finished entering all of your reimbursement totals.

- The next screen displays your claim total (bottom of column 2). If you need to change a total that you entered, click on **Edit** in the upper right hand corner, make your change(s) and then click on **Save** in the upper right hand corner.

- When it all looks good, click on **Mark as Complete**.

- You will not be able to submit your claim until there is a check mark in the Complete? column for each of the listed components (see below).



Claim: 22-402-M0PT, Task 01-00-00 - 007 Grant Components

Grant: 22-402-M0PT, Task 01-00-00-Carlisle Police Department 2022 402
Status: Editing
Program Area: GTSB Test Program
Grantee Organization: Grant Testing, Department of
Program Manager: Crystal Young

Components Preview | Submit

*Complete each component of the Claim and mark it as complete. Click Submit when you are done.*

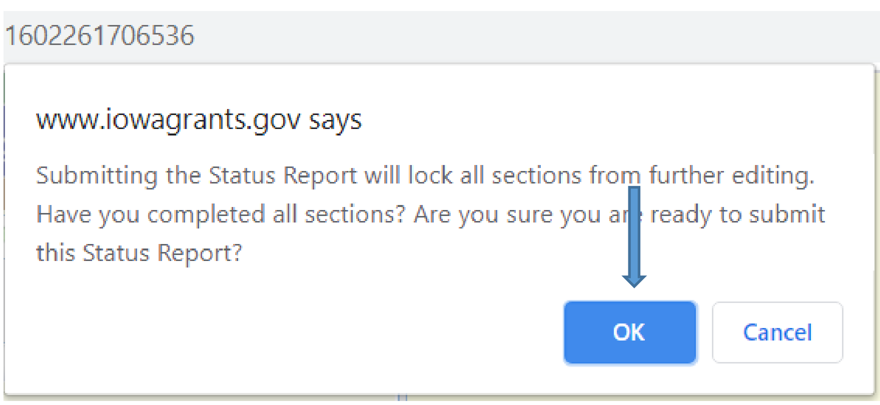
| Name | Complete? | Last Edited |
|---|---|---|
| General Information | ✓ | 10/19/2021 |
| Contact Information | ✓ | 10/19/2021 |
| Overtime Report | ✓ | 10/19/2021 |
| Equipment Accountability Report | ✓ | 10/19/2021 |
| Travel Reimbursement | ✓ | 10/19/2021 |
| Claim Supporting Documents | ✓ | 10/19/2021 |
| Total Reimbursement | ✓ | 10/19/2021 |

- Once you click submit, all sections of your claim will be locked and you will not be able to make any changes to them.

- If you need to make a change in a particular section prior to clicking submit, simply click on the blue words of the component in which you need to edit. That section will then appear, reference section instructions above for how to add, save and mark as complete.

- Click **Submit** when you are ready to lock and submit your reimbursement claim.

- If there are no further edits to this form, click **OK**



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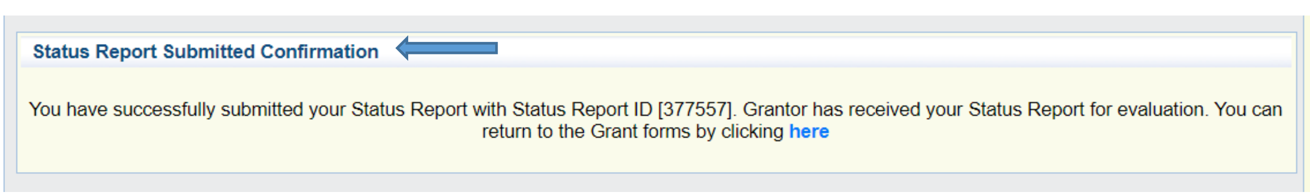
www.iowagrants.gov says

Submitting the Status Report will lock all sections from further editing. Have you completed all sections? Are you sure you are ready to submit this Status Report?

OK Cancel

Once you see the screen below, you will know that your submission was successful and your Program Administrator has been notified of your submission.



Status Report Submitted Confirmation

You have successfully submitted your Status Report with Status Report ID [377557]. Grantor has received your Status Report for evaluation. You can return to the Grant forms by clicking here